

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

RIAL NO. 09/936,954 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	/						51			
2		/						52			
3		/						53			
4	/							54			
5		/						55			
6		/						56			
7	/							57			
8		/						58			
9		/						59			
10		/						60			
11		/						61			
12		/						62			
13		/						63			
14		/						64			
15		/						65			
16								66			
17								67			
18								68			
19								69			
20								70			
21								71			
22								72			
23								73			
24								74			
25								75			
26								76			
27								77			
28								78			
29								79			
30								80			
31								81			
32								82			
33								83			
34								84			
35								85			
36								86			
37								87			
38								88			
39								89			
40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.	3							TOTAL IND.			
TOTAL DEP.	12							TOTAL DEP.			
TOTAL CLAIMS	15							TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS